Family and Care Work Facing Social Change and Globalization: Conjunction between Family, Care Work and Immigration in Japan

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ABSTRACT

This article examines the complex interplay between family and elderly care in Japan by taking into account both paid and unpaid reproductive work. The elderly care has gone through a discursive shift from the private sphere to the public sphere since 2000 through the introduction of Long Term Care Insurance. The article first elaborates the two major structural changes in the society namely demographic change and deterioration of the social welfare system including the transformation in the family institutions. Secondly, it discusses the globalization of care work through the entry of migrants into care workforce especially the resident migrants in Japan and how family serves as a driving force in affecting their decision. The article attempts to analyze the role of family in relation to both paid and unpaid reproductive work within the global restructuring of care, which is not only gendered but increasingly becoming ethnicized.

Keywords: Elderly Care, Globalization, Global Restructuring Care, Immigrants, Long Term Care Insurance, Social Changes

1. INTRODUCTION

Family has been conceived differently by different scholars in different periods of time. Some has conceptualized the ‘modern family’ in post war Japan to be a nuclear family with one or two children and women serving as house wife. The others analyzed family as a social unit and focused on the relationship between other social institutions such as state and the market. One of the milestones by the feminist scholarship is to question how the reproductive work has been formulated as predominantly unpaid work of women in the domestic sphere and the ways in which the gender order has been established between public and private or productive and reproductive work (Dalla Costa, 1978, 2005; Ueno, 1990; Ochiai, 1994).

Reproductive work includes both biological reproduction of human beings and maintenance of individuals throughout their lives (Yeates, 2009:5). Among reproductive work, care work is one of the major focus of contemporary discussion together with domestic

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work as demographic change and privatization has been taking place. Care work today has increasingly becoming commodified shifting at least partly from unpaid work to paid work due to change in the family, rise in life expectancy and as more women are entering into the labor market. While women in developed countries are taking up high end jobs with better remuneration, the migrant women are filling in the gap between the state’s capacity to provide care and the actual needs for care. More and more women from the developing countries are traveling for longer distance to undertake ‘women’s work’ such as domestic work and care work in developed countries which has been epitomized as ‘feminization of migration’ (Ehrenreich & Hochschild, 2008; Castles & Miller, 2009; Oishi, 2005). However, literature on social welfare often fails to take into account the global dimension of social policies and remain constraint within the nation state framework and there is a need to shed light on the role of migrant women in providing care.

2. TRANSFORMATION OF FAMILY CARE: FROM A ‘SAFETY NET’ TO ‘FAMILY-AS-RISK’

The post war economic development and prosperity has brought a longer life expectancy to the population in the developed countries at an unprecedented level including Japan as a top runner (Figure 1).

In 2011, the life expectancy of Japanese men marked 79.44 and 85.90 for women which were the world longest life expectancy. This is a striking development compared to 1947 when the life expectancy for men was 50.06 and 53.96 for women. Within 65 years, the life expectancy has dramatically expanded for approximately 30 years (MHWL, 2011b). However, this triumph has drastically changed the demographic structure when the fertility rate started to fall. In 1950, the population above 65 was less than 5 million or 5% of the total population but within half a century it tripled (Figure 2).

Figure 1. Ratio of population above 65 (Source: OECD Factbook, 2009)
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